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CONFIRMATION NO. 2402

SERIAL NUMBER 10/676,790	FILING DATE 10/01/2003 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 99-10C1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/573,733 05/18/2000 ABN
 which claims benefit of 60/136,292 05/27/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/05/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>IP</i>				

ADDRESS

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TITLE

Adipocyte complement related protein homolog zacrp5

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)